

**Holy Shepherd Lutheran Church &
Rainbow Trail Lutheran Camp**

Day Camp Registration Form

Name _____ Male _____ Female _____

Address _____ City _____ St _____ Zip _____

Home Phone (____) _____ Emergency Phone (____) _____

Parent/Guardian Name _____

Day Camp Date July 20 – 24, 2009 Grade Entering in the fall _____

Home Church _____ City _____

Address _____

“I am interested in the policies and programs of Rainbow Trail Lutheran Camp and give my child permission to participate in all activities. I agree that Rainbow Trail will not be held responsible for accidents or persons injured arising there from. I also understand my photo or my child’s photo may be taken for use in camp promotional literature. I waive the right to inspect or approve the photo if used for such purposes.”

Parent/Guardian Signature _____ Date _____

(Health Form on back)